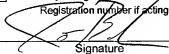


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 325772034700																															
Application Number 10/799,758		Filed March 15, 2004																															
For IMAGE PROCESSING APPARATUS																																	
Art Unit 2625		Examiner M. T. Riley																															
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																																	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;"></th> <th style="width: 20%; text-align: center;"><u>Fee</u></th> <th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$130</td> <td style="text-align: right;">\$65</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$490</td> <td style="text-align: right;">\$245</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$1110</td> <td style="text-align: right;">\$555</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$1730</td> <td style="text-align: right;">\$865</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$2350</td> <td style="text-align: right;">\$1175</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>						<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																																	
<input type="checkbox"/> A check in the amount of the fee is enclosed.																																	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																	
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																																	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> .																																	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																	
I am the <input type="checkbox"/> applicant/inventor.																																	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																																	
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,640</u>																																	
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.																																	
Registration number if acting under 37 CFR 1.34 _____																																	
 Signature		<u>July 14, 2010</u> Date																															
<u>Jonathan Bockman</u> Typed or printed name		<u>(703) 760-7769</u> Telephone Number																															
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																																	
<input type="checkbox"/> Total of <u>1</u> forms are submitted.																																	